Standard Form No. 1034—Revised Form prescribed proved For RUBLIS & QUOCKS 40 PR PENALTY F64-00360R0 (September 7, 1950 (Gen. Reg. No. 51, Supp. No. 11) (Amended February 20, 1952) U. S. COST REIMBURSABLE (Department, bureau, or establishment) Voucher prepared at (Give place and date) THE UNITED STATES, Dr., Payee's Account No								PAID BY SAPONSON															
													Го		(Pa;						LCOFT	Or de	
														(Add	(Address)			Stato)		UNIT PRICE		AMOUNT	
No. and Date of Order	Date of Delivery or Service	(Enter description, ite schedule, and ot Discount Terms	m number of contract her information deem	or Federal su ed necessary)	ıpply	QUANTITY	Cost	Per	Dollars	Cts.													
		Cost							156	99													
PAYMENT:																							
Complete																							
Partial		Use con	tinuation sheet(s) if nec	essary						_													
Shipped from	<u> </u>		eight	Government	B/L No.	ce must NO	T use this	Total	156	99													
	above bill is correc	ct and just and that payme	nt has not been receive	ed.						_													
	ΓATINTL	(Sign original only)								-													
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Date 3/14/	<u> </u>	required when a like o	ertificate is made by payes on att	sched bill or bitis)	Amo	unt verified	; correct fo)r	156	99													
Per -		Title				nature or in		M Invoice Rec	'.a														
Contract No.	A-101	Date	Reg. No.			Date		Invoice rec	u														
Pursuant to auth	ority vested in me,	I certify that this account	is correct and proper f																				
† Approved for \$			SIGN																				
Bv			ORIGINAL ONLY	Title	-																		
•			51121	Date						 -													
Title	THE REVERSE OF	THIS FORM MUST BE EXECUTED V	VHEN PURCHASES ARE MAD																				
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		dated	10	for \$			∫on 7	Treasurer of th	e United States in	n favor													
			. 19	. IOF D				ee named abov															

Standard Form No. 1035a—Revised
Form prescribed by
Comptroller GA: Dr. Comptroller GA:

CONTINUATION SHEET

(Department, bureau, or establishment) ARTICLES OR SERVICES			ICES	OUAN-	UNIT PRICE		AMOUNT	
No. and Date of Order	Date of Delivery or Service	(Enter description, item number of contract cand other information deeme	or Federal supply schedule, d necessary)	QUAN- TITY	Cost	Per	Dollars	Cts.
		Contract_A-101 Syst	cem IV					
		Direct Costs Properly Contract A-101 for We 3/9/58	Chargeable to sek Ending STATINTL		-			
		STATINTL	Research & Development				<u>ग</u>	ote
abor for	Week End	ling March 9, 1958						
omputed	at inter	nications Division im rates as follows: elopment -						
otal Lab	or and O	verhead						
& A exp	ense com	puted at interim						
Fotal Cos	ts	STATINTL	:				\$ 15	56.9
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